2008 MICHIGAN Homestead Property Tax Credit Claim MI-1040CR

Issued under authority of Public Act 281 of 1967. Type or print in blue or black ink.

Prin	t numbers like this : $0/2345$	678	9 - NOT like	this:	Ø147			£	Attachment 05		
	1. Filer's First Name	Last Name				▶ 2. Filer's Social Security Number (Example: 123-45-6789)					
PLACE LABEL HERE	If a Joint Return, Spouse's First Name	M.I. Last Name									
교	ii a soint Neturn, opouse's i list Name	IVI.I.	Last Name	ie –			▶ 3. Spouse's Social Security Number (Example: 123-45-6789)				
ఠ	Home Address (No., Street, P.O. Box or	Rural R	loute)		— — — — —						
빓											
PL/	City or Town			State	ZIP Code		▶ 4. School District Code (5 of	digits - see p. 49)			
▶ 5.	Check the box(es) for which yo	•	•			_					
a	Age 65 or older; or an unren						eaf, blind, hemiplegic, para totally and permanently d		legic,		
<u> </u>	6. Homeowners: Enter the 20			of vou	r homestead (1	00		
	7. Property Taxes levied on you			-					00		
_	B. Renters: Enter rent you pai		· ·	-	•			T			
	9. Multiply line 8 by 20% (0.20)							_	00		
10	. .								00		
	JSEHOLD INCOME. Include in										
11	. Wages, salaries, tips, sick, s	trike a	and SUB pay	, etc				. → 11.	00		
12	2. All interest and dividend inco	ome (ii	ncluding non	taxabl	e interest)			▶ 12.	00		
13	B. Net business, royalty or rent	▶ 13.	00								
14	Retirement pension, annuity		▶ 14.	00							
15	S. Net farm income							→ 15.	00		
16	6. Capital gains less capital los										
17	'. Alimony and other taxable in		→ 17.	00							
18			00								
19	O. Child support (see p. 21)							. ▶ 19.	00		
20). Unemployment compensation	on						→ 20.	00		
21									00		
22	2. Workers' compensation, veto	erans'	disability cor	npens	ation and per	nsion benefit	s	▶ 22.	00		
23									00		
24	SUBTOTAL. Add lines 11 th	rough	23				SUBTOTAL	24.	00		
25	5. Other adjustments (see p. 2	1). De	escribe:			2		<u> </u>			
26	6. Medical insurance or HMO p	remiu	ıms you paid	for yo	u and your fai	mily 2	6.	<u></u>			
27	'. Add lines 25 and 26							▶ 27.	00		
28	B. HOUSEHOLD INCOME. Su	btract	line 27 from	line 24	4. If more than :	\$82,650, STC	DP; you are not eligible	▶ 28.	00		
29	0. Multiply line 28 by 3.5% (0.0	35) or	by the perce	ent in 7	Гаble 3 (see p	. 22) (if nega	ative, enter "0")	29.	00		
30		30.	00								
If yo	ou checked a box on line 5, co others must complete line 31.	omple	te line 32 or	33. F	IP/DHS recipi	ients, comp	olete line 32.				
	. Multiply line 30 by 60% (0.60		ximum \$1,20)0). G	o to line 34			. 31.	00		
32	2. FIP/DHS recipients, enter a	moun	t from Works	heet 5	5 on p. 22. Se	eniors who	pay rent, complete				
	Worksheet 6 on p. 22 and er	nter ar	mount from v	vorksh	eet here (max	kimum \$1,20	00). Go to line 34		00		
33	,		•		•	* "			000		
34	(maximum \$1,200). Go to li CREDIT. If your household ir							33.	00		
•	applies to you from line 31, 32	2 or 33	here. If hou	sehold	income is moi	re than \$73,6	650, you must reduce	3 4	00		

2008 MI-1040CR, Page 2		Filer's Social Security Number					
						_	
▶ 35. Residency Status in 2008:		*Complete Dates of Michigan Residency in 2008 Enter dates as MM-DD-YYYY (Example: 04-15-2008)					
a. Resident		YOU			SPOUSE		
b. Nonresident	FROM:		<u> </u>	2008	_		
c. Part-Year Resident*	TO:		2	2008			
PART 1: HOMEOWNERS. Report on lir	nes 36 and 37 the addresse	s of the homes	steads	for wh	ich you are clair	ning a credit.	
36. Address where you lived on December 31, 2008, if of	different than reported on line 1.			Та	xable Value		
37. Address of homestead sold during 2008 (No., Street			Та	xable Value			
					HOMES	STEAD	
If you bought or sold your home in 2008, con	nplete lines 38 through 42.			A.	A. Moved Into B. Moved F		
38. Number of days occupied (total canno	•				loc	Ia	
39. Divide line 38 by 366 and enter perce40. Property taxes levied in calendar year					%		
41. Prorated taxes. Multiply line 40 by pe							
42. Taxes eligible for credit. Add line 41,	_				42.	0	
PART 2: RENTERS							
43. A Address of Homestead You Rented	В		#	C Months	D	E Total Rent Paid	
(No., Street, Apt. #, City, ZIP Code)	Landowner's Name	and Address		Rented	Monthly Rent	less mobile home taxes	
44. Total rent you paid (not more than 12		-				00	
PART 3: OCCUPANTS OF HOUSING		EES ARE PA	VID IN	STEA	D OF TAXES		
45. Name and Address of Housing Project or Landowne	r						
46. Enter the total rent you paid in 2008.	Do not include amounts paid o	n your behalf by	a gove	rnment	agency 46.	00	
47. Multiply line 46 by 10% (0.10) (see ins						00	
PART 4: OCCUPANTS OF NURSING	OR ADULT FOSTER CA	RE HOMES	OR H	OME	S FOR THE A	GED	
48. Name and Address of Care Facility							
49. Your share of taxes paid by the lando	wnor (oog n. 10). Enter her	and on line 7	,		49.	00	
49. Tour strate of taxes paid by the lando	wher (see p. 19). Enter here	and on line r			49.	<u> </u>	
DIRECT DEPOSIT a. Routing Transit		h	. Type of	Accoun	t· • (1) Checki	ing (2) Savings	
Deposit your refund directly into your bank Number			. Type of	Account	t. y (1) ondon		
account! See p. 11 and c. Account complete a, b and c. Number							
Deceased Taxpayers. If Filer and/or Spouse died ENTER DATE OF DEATH ONLY. Example: 04-15-20					1. I declare under p	enalty of perjury that this	
	,		rer's PTI			ave any knowledge.	
→ Filer — → Spouse							
Taxpayer Certification. I declare under penalty and attachments is true and complete to the best of my			rer's Bus	iness Na	ame (print or type)		
Filer's Signature	Date						
Snouse's Signature	Date	Preparer	rs Busine	ess Addr	ess (print or type)		

Yes

No

If you are also filing Form MI-1040, attach this form behind it.

▶ I authorize Treasury to discuss my return with my preparer.